

MICHIGAN DEPARTMENT OF STATE
DISABILITY PARKING PLACARD APPLICATION

Office Use Only

Expiration Date

Placard Number

Directions: Applicants please complete and sign Part 1. Your physician, optometrist, nurse practitioner, or physician's assistant must complete Part 2 and the certification on the bottom of this page. If you also qualify for free parking, your physician, optometrist, nurse practitioner, or physician's assistant must also complete Part 3. Organizations applying for parking placards to provide transportation services for disabled persons must complete Part 4. Completed applications may be presented at any Secretary of State office or mailed to the address on the reverse side. **(Application cannot be processed without signed release of information and physician's certification.)**

Part 1: Release of Information and Signature

I am applying for a disability parking placard as provided in Public Act 300 of 1949. I authorize the release of the medical information described below to the Michigan Department of State. I certify the information is true and realize by making a false statement on this application, I am subject to the penalties described on the reverse side of this form.

(Please Print)

Name (First, Middle, Last)		Date of Birth	Driver License or ID Card Number
Street Address			County
City, State, Zip		Last Parking Permit #	Disability Plate # (if any)
Do you have a CDL endorsement? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, do you have a medical waiver? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, attach copy of waiver	
Signature of Disabled Person X			Date
Signature of Representative (if presented by representative) X			Representative's Driver License Number

Part 2: Medical Eligibility Standards and Physician's Determination

The Michigan Vehicle Code [MCLA 257.19a] states that a disabled person be determined by a licensed physician, physician's assistant, nurse practitioner, or optometrist identifying one or more of the following characteristics which affect your patient's ability to walk.

Circle all letters that apply:

- a) Blindness. Corrected acuity level: Right Eye: 20/ _____ Left Eye: 20/ _____ Both Eyes: 20/ _____ Visual field (in degrees): _____
- b) An inability to walk more than **200 feet** without having to stop and rest. Please provide the diagnosis for this ambulatory disability: _____
- c) Patient must use a wheelchair, walker, crutch, brace or other ambulatory aid to walk.
Describe: _____
- d) Patient has a lung disease from which the forced expiratory volume for one second, when measured by spirometry, is less than one liter, or from which the arterial oxygen tension is less than 60 mm/hg of room air at rest.
- e) Patient has a cardiovascular condition which measures between 3 and 4 on the New York Heart Classification Scale, or which renders the patient incapable of meeting a minimum standard for cardiovascular health established by the American Heart Association and approved by the Michigan Department of Community Health.
- f) Patient has an arthritic, neurological, or orthopedic condition that **severely limits** ability to walk.
Describe: _____
- g) Patient has a persistent reliance upon an oxygen source other than ordinary air.

Physician's Certification

A parking placard will be issued solely on the physician's evaluation

Patient's condition is: Permanent ☐ Temporary ☐ If temporary, estimated duration _____ months (maximum 6 months)

(Please Print)

***Medical License Number:** _____

Physician's Name: _____ **Medical Specialty:** _____
(Physician / Physician's Assistant / Optometrist / Nurse Practitioner)

Street Address: _____ **Office Telephone:** _____

City, State, Zip: _____ **Office Fax:** _____

I certify the person listed above is eligible for a disability placard as provided in Public Act 300 of 1949. I understand that making a false statement to obtain a disability parking placard is a misdemeanor and may result in fines, imprisonment, or both.

PHYSICIAN'S SIGNATURE X _____ **DATE** _____
(Physician / Physician's Assistant / Optometrist / Nurse Practitioner)

* If medical license was issued in a state other than Michigan, the physician must submit a copy of their medical license.

Part 3: FREE PARKING APPLICATION AND PHYSICIAN'S CERTIFICATION

Free parking application is completed **only when the applicant qualifies for free parking**. To qualify, your patient must be a licensed driver, have an ambulatory disability described in Part 2, and also have one of the following conditions. Economic need is not a consideration.

Circle all letters that apply:

- a) The patient cannot insert coins or tokens in a parking meter or cannot accept a ticket from a parking lot machine due to a lack of fine motor control of *both* hands.
- b) The patient cannot reach about their head to a height of 42 inches from the ground, due to a lack of finger, hand, or upper extremity strength or mobility.
- c) The patient cannot approach a parking meter due to use of a wheelchair or other ambulatory device.
- d) The patient cannot walk more than twenty feet due to an orthopedic, cardiovascular, or lung condition in which the degree of debilitation is so severe that it almost completely impedes the patient's ability to walk. (A condition requiring applicant to rest after walking twenty feet when not using a wheelchair or other ambulatory device.)

I certify that the person listed on the front of this application is also eligible for free parking as provided in Public Act 300 of 1949. I also understand that making a false statement to obtain a free parking sticker is a misdemeanor and may result in fines, imprisonment, or both.

Physician's Signature: X _____ Date _____
(Physician / Physician's Assistant / Optometrist / Nurse Practitioner)

Michigan Vehicle Code Section 257.675 Prohibits: **PENALTIES**

- Using a disability parking placard to park in a designated disabled parking space unless the disabled person is driving or being transported.
- Altering, modifying, or selling a disability parking placard or free parking sticker.
- Copying or forging, or using a copied or forged disability parking placard or free parking sticker.
- Making a false statement to obtain a disability parking placard or free parking sticker or committing a deception or fraud on a medical statement attesting to a disability.
- Knowingly using or displaying a disability parking placard that has been cancelled by the Secretary of State.

A violation is a misdemeanor and punishable by a fine up to \$500, or imprisonment for up to 30 days, or both. A law enforcement officer may immediately confiscate a disability parking license plate if improper use is discovered.

Part 4: ORGANIZATION REQUEST FOR DISABILITY PARKING PLACARDS

(Please Print)

Name of Organization	County	Telephone Number
Street Address		City, State, Zip
Describe the transportation services your organization provides to persons with disabilities:		

Number of disability placards you are requesting: _____ (No more than 1 per vehicle used to transport clients.)

I am applying for a disability parking placard as provided in Public Act 300 of 1949 and certify that the above information is true.

Print Name of Organization Officer: _____ Title: _____

Signature of Organization Officer: _____ Date: _____

NOTE: If the organization ceases to provide specialized services to disabled persons, the parking placards **must** be returned to the Secretary of State for cancellation.

Return completed application to any Secretary of State branch office or mail to:

**Michigan Department of State
Distributed Services Unit
Lansing, MI 48918**

If you have any questions regarding disability parking placards, please call (517) 322-6274.
(Authority granted under Public Act 300 of 1949, as amended.)